

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90969 024 ***150.00

DOCUMENT # **K 41758**

1. Entity Name

READY TRANSFER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2885 W. 76 ST. #101

Suite, Apt. #, etc.

3. Mailing Address

2885 W. 76 ST

Suite, Apt. #, etc.

#101

City & State

Hialeah. FL. 33016

Zip

Country

U.S.A.

City & State

Hialeah. FL.

Zip

33016

Country

U.S.A.

4. FEI Number

65-0084111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PASSAPERA MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

2885 W. 76 ST #101

City

Hialeah.

FL

Zip Code

33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT. PASSAPERA, MICHAEL 2885 W. 76 ST. #101 Hialeah. FL. 33016	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASSAPERA President.

04/04/03

Date

Daytime Phone #